

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012556

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District

1003

Registrar's No.

3343

DO NOT WRITE
ON THIS STUB

AMENDED

F

LED APR 6 1962

VS 300
Rev. 4/59

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1268-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

St. Louis

Length of stay in 1b
1 Week

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Missouri Baptist Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Velda Village Hills

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
3013 Gary Drive

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Etra

Middle C.

Last Compton

4. DATE OF DEATH

Month 3

Day 28

Year 62

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-11-96

9. AGE (last birthday)
65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Auditor

10b. KIND OF BUSINESS OR INDUSTRY
Moss Tie Co.

11. BIRTHPLACE (City and state or country)
Madison, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Verley E. Compton

13b. MOTHER'S MAIDEN NAME

Mary M. Staib

14. NAME OF HUSBAND OR WIFE

Aldora Compton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Aldora Compton, 3013 Gary Dr.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction 2 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
no injury

20c. TIME OF INJURY
Hour Month, Day, Year
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 19 1962 to March 28 1962 last saw him alive on March 27 1962
Death occurred at 6 30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

C. Rush McAdam MD.

(Degree or title)

22b. ADDRESS

7516 Florissant Rd.

22c. DATE SIGNED

3-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

3-30-62

23c. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 29 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Rush McAdam
7520 Natural Bridge
Hrs. Until 4 Wed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert P. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.